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CONFIRMATION NO. 1581

<b>SERIAL NUMBER</b> 10/553,532	<b>FILING OR 371(c) DATE</b> 10/14/2005 <b>RULE</b>	<b>CLASS</b> 546	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 3220-78751
<b>APPLICANTS</b> Mark S. Cushman, West Lafayette, IN; Yves G. Pommier, Bethesda, MD;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/14581 05/11/2004 which claims benefit of 60/469,718 05/12/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>C-A</i> <i>None C-A</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/25/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>C-A</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23643				
<b>TITLE</b> Cytotoxic indeno and isoindoloisoquinolones				
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	